STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLASSWATER CREEK OF LAFAYETTE, LLC	208 BECK LANE, LAFAYETTE, , 47909

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for a State Residential Licensure Survey. Survey dates: January 14, 15 and 16, 2025. Facility number: 014148 Residential Census: 104 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review was completed on January 24, 2025.	R 0000		
R 0120	Personnel - Noncompliance 410 IAC 16.2-5-1.4(e)(1-3) (e) There shall be an organized inservice education and training program planned in advance for all personnel in all departments at least annually. Training shall include, but is not limited to, residents' rights, prevention and control of infection, fire prevention, safety, accident prevention, the needs of specialized populations	R 0120	1 1.Staff #5 & 6 will complete dementia training by 2.16.2025. 2 2.The facility audited personnel records for dementia training completion. Dementia training due per regulation will be completed by 2.16.2025.	02/16/2025

	served, medication administration, and nursing care, when appropriate, as follows: (1) The frequency and content of inservice education and training programs shall be in accordance with the skills and knowledge of the facility personnel. For nursing personnel, this shall include at least eight (8) hours of inservice per calendar year and four (4) hours of inservice per calendar year for nonnursing personnel. (2) In addition to the above required inservice hours, staff who have contact with residents shall have a minimum of six (6) hours of dementia-specific training within six (6) months and three (3) hours annually thereafter to meet the needs or preferences, or both, of cognitively impaired residents effectively and to gain understanding of the current standards of care for residents with dementia. (3) Inservice records shall be maintained and shall indicate the following: (A) The time, date, and location. (B) The name of the instructor. (C) The title of the instructor. (D) The names of the participants. (E) The program content of inservice. The employee will acknowledge attendance by written signature.		3 3.The Executive Director/designee will run report monthly to ensure all new employees have completed dementia training. The Executive Director/designee will audit employee completion reports monthly x 6 months. 4 4.Audits will be reviewed at monthly x 6 months in the QA meetings and QA committee will make recommendations as appropriate.	

Based on record review and interview, the facility failed to ensure dementia education was completed for 2 of 10 staff members reviewed for dementia training. (Staff Member 5 and 6)

Findings include:

1. The employee record for Staff Member 5 was reviewed on 1/15/25 at 1:05 p.m. The employee's dementia training was not completed.

2. The employee record for Staff Member 6 was reviewed on 1/15/25 at 1:25 p.m. The employee's dementia training was not completed.

During an interview, on 1/15/25 at 1:32 p.m., the Executive Director indicated Staff Member 5 and 6 did not have dementia training in their files. She indicated the Human Resources Department did not release the dementia training for Staff Member 5 and 6 for the year. The facility did not have a policy and procedure and she was not aware the training had not been completed.

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Findings include:

	1. The employee record for Staff Member 5 was reviewed on 1/15/25 at 1:05 p.m. The employee's dementia training was not completed. 2. The employee record for Staff Member 6 was reviewed on 1/15/25 at 1:25 p.m. The employee's dementia training was not completed. During an interview, on 1/15/25 at 1:32 p.m., the Executive Director indicated Staff Member 5 and 6 did not have dementia training in their files. She indicated the Human Resources Department did not release the dementia training for Staff Member 5 and 6 for the year. The facility did not have a policy and procedure and she was not aware the training had not been completed.			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE